Fill in this information to	identify your ca	ase:					
Debtor 1	John M. Sho						
Debtor 2 (Spouse, if filing)							
United States Bankrupt	cy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA				
Case number (If known) 15-16956				Check if this is: An amended filing A supplement showing post-petition chapte 13 income as of the following date:			
Official Form	B 6I			MM / DD/ YYYY			
Schedule I: \	our Inc	ome		12/1			
<u> </u>	Employment	On the top of any addition	onal pages, write your name and Debtor 1	Case number (if known). Answer every question Debtor 2 or non-filing spouse			
			_	Debtor 2 or non-filing spouse ☐ Employed			
If you have more the attach a separate profession about a separate profession about a separate profession and the separate profession and the separate profession at the separate profession and the s	page with	Employment status	■ Employed□ Not employed	■ Not employed			
employers.		Occupation	Transportation Manager				
	Include part-time, seasonal, or self-employed work.		Adelphia Seafood				
Occupation may in or homemaker, if it		Employer's address	3024 Penn Avenue Reading, PA 19609-1421				
		How long employed th	nere? Since September 2				
Part 2: Give Deta	ails About Mor	thly Income					
Estimate monthly incorpouse unless you are s		ate you file this form. If y	you have nothing to report for any li	ne, write \$0 in the space. Include your non-filing			
If you or your non-filing s			ombine the information for all emplo	yers for that person on the lines below. If you need			

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,000.00 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. \$ 5,000.00 0.00

Official Form B 6I Schedule I: Your Income page 1

Debtor 1		John M. Shollenberger			Case number (if known)		15-16956			
					For	Debtor 1		r Debtor on-filing s		
	Cop	y line 4 here	4.		\$	5,000.00	\$_	ii-iiiiig s	0.00	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	805.33	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		<u>*</u> —	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c	: .	\$	0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d	١.	\$	0.00	\$		0.00	_
	5e.	Insurance	5e) .	\$	0.00	\$		0.00	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	
	5g.	Union dues	5g		\$	0.00	\$_		0.00	_
	5h.	Other deductions. Specify: United Way	_ 5h _	1.+	\$	4.33	+ \$_		0.00	=
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	809.66	\$_		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,190.34	\$_		0.00	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90		¢	0.00	¢		0.00	
	8b.	monthly net income. Interest and dividends	8a 8b		\$_ \$	0.00	\$ \$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	÷.	\$	0.00	\$_		0.00	_
	8d.	Unemployment compensation	8d		\$	0.00	\$_		0.00	_
	8e.	Social Security	8e) .	\$	0.00	\$_		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g		\$	0.00	\$_		0.00	_
	8h.	Other monthly income. Specify:	_ 8n	1.+	\$	0.00	+ \$_		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	0.00	\$_		0.0	0
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		4,190.34 + \$		0.00	1_6	4,190.34
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		+,130.34 + V		0.00		4,190.34
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		-			Schedule	e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certainies						e. 12.	\$	4,190.34
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combine month!	ned y income
		No. Yes. Explain: The Debtor's spouse is actively looking for emple		ent	ŀ					

Official Form B 6I Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Debtor 1 John M. Shollenberger				eck if this is:	
Dob	otor 2			An amended filing	ving post potition shorter
	puse, if filing)			13 expenses as of	ving post-petition chapter the following date:
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
Cas	e number 15-16956		П	A separate filing fo	r Debtor 2 because Debto
	nown)			2 maintains a sepa	
Of	fficial Form B 6J				
	chedule J: Your Expenses				12/1
Be info	as complete and accurate as possible. If two married people are principle or the state of the st				
Par					
1.	Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No□ Yes. Debtor 2 must file a separate Schedule J.				
_					
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	hip to	Dependent's age	Does dependent live with you?
	Do not state the dependents' names.	Daughter		17	□ No ■ Yes □ No
		Son		21	■ Yes
					□ No □ Yes
		-			□ No
0	Da como como como de altra de				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Par	t 2: Estimate Your Ongoing Monthly Expenses				
Est	imate your expenses as of your bankruptcy filing date unless your says as of a date after the bankruptcy is filed. If this is a suppolicable date.	ou are using this form lemental <i>Schedule J</i> , o	as a s	upplement in a Cha the box at the top o	apter 13 case to report f the form and fill in the
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 6I.)			Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	1,450.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	·	0.00
5.	 Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hor 	me equity loans	4d. 5.		0.00 0.00
J.	Additional inditioning payments for your residence, Such as not	mo oquity idalia	J.	Ψ	v.vv

Debtor 1 John	M. Shollenberger	Case numb	er (if known)	15-16956
6. Utilities:				
	icity, heat, natural gas	6a.	\$	90.00
	, sewer, garbage collection	6b.	\$	38.80
	hone, cell phone, Internet, satellite, and cable services	6c.	\$	82.00
6d. Other	. Specify:	6d.	\$	0.00
7. Food and h	ousekeeping supplies	7.	\$	300.00
	nd children's education costs	8.	\$	0.00
. Clothing, la	undry, and dry cleaning	9.	\$	100.00
-	are products and services	10.	\$	100.00
	d dental expenses	11.	\$	50.00
2. Transportat	tion. Include gas, maintenance, bus or train fare.		-	
	de car payments.	12.	\$	100.00
Entertainme	ent, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00
4. Charitable	contributions and religious donations	14.	\$	0.00
5. Insurance.				
	de insurance deducted from your pay or included in lines 4 or 20.		•	
15a. Life in		15a.		0.00
15b. Health		15b.	·	0.00
15c. Vehic		15c.		253.00
	insurance. Specify:	15d.	\$	0.00
	ot include taxes deducted from your pay or included in lines 4 or 2		•	
Specify:		16.	\$	0.00
	or lease payments: ayments for Vehicle 1	17a.	¢	402.74
		17a. 17b.	*	483.74
	ayments for Vehicle 2		·	398.86
17c. Other		17c.		0.00
17d. Other	· · · · ·	17d.	Ф	0.00
	ents of alimony, maintenance, and support that you did not re rom your pay on line 5, <i>Schedule I, Your Income</i> (Official Forn		\$	0.00
	ents you make to support others who do not live with you.	101).	\$	0.00
Specify:	ionio you make to support others who do not hive with you.	19.		0.00
· · · —	property expenses not included in lines 4 or 5 of this form or		ur Income.	
	ages on other property	20a.		0.00
20b. Real		20b.		0.00
20c. Prope	erty, homeowner's, or renter's insurance	20c.	\$	0.00
	enance, repair, and upkeep expenses	20d.	\$	0.00
	owner's association or condominium dues	20e.		0.00
1. Other: Spec		21.		0.00
	nly expenses. Add lines 4 through 21.	22.	\$	3,521.40
	your monthly expenses.			
-	our monthly net income.		•	
	line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,190.34
23b. Copy	your monthly expenses from line 22 above.	23b.	-\$	3,521.40
23c. Subtra	act your monthly expenses from your monthly income.			
	esult is your monthly net income.	23c.	\$	668.94
A Do you ave	ect an increase or decrease in your expenses within the year	after you file this	form?	
	do you expect to finish paying for your car loan within the year or do you ex			ease or decrease because o
	the terms of your mortgage?		-	
■ No.				
☐ Yes.				
Explain:				